

MOU-UNKS North Korean Studies Scholarship

Please check (☒) the following. Click the box to check or uncheck.

1. Program to Apply : Doctoral Degree Master's Degree

Please complete the form below. It must be typed in English ONLY.

Full Name	Surname	Given Name	Gender		Photo Size: 3cm x 4cm
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		
<i>*Please write your full name as indicated on your passport</i>					
Date of Birth (YYYY/MM/DD)		Age			
Resident Country		Citizenship			
Contact Information	Address				
	Phone (Must start with the country code)				
	E-mail				
Most Recently Attended University	University Name		Location (City, Country)		
	Achieved or Expected Degree	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	Major		
	Degree Thesis Title				
Language Abilities	TOPIK Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Published Papers (If available)					
Awards (If available)					
Previously Achieved Degree(s)	Period	University/ Institution	Country	Major	Degree

FORM 1. Application Form

GPA* (ONLY for terms or semesters completed)	School Year	1 st year			2 nd year			3 rd year			4 th year			5 th year			Cumulative GPA	Score Percentile
	Term/ Semester	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3		
	Bachelor's	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/ 100
	Master's	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	Doctoral	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/ 100
Employment or Professional Research Experience	Period			Institution/ Company						Position			Responsibilities					
Previous Visits to Korea	Period			Purpose of Stay						City or Region			Affiliated Organization					
Previously Received Scholarship Awards from Korean institutions	Sponsor						Grant Amount (USD/year)						Period					
							/											
							/											
<p>(yyyy) (mm) (dd)</p> <p>Applicant's Name : (signature)</p>																		

* Refer to Appendix A for the grade conversion table.

* Doctoral degree applicants must put grades information both for Bachelor's degree and Master's degree.

PERSONAL STATEMENT

*Please type in Korean or in English. The letter must be single spaced within ONE page, with the font Arial, size 11. (*11 points)*

- Motivations with which you apply for this program
- Your education and work experience in relation to Korean Peninsula
- Reason for studying on North Korea & Korean Unification
- Any other aspects of your background and interests which may help us evaluate your aptitude and passion for graduate study or research.

STATEMENT OF PURPOSE

This form is required for applicants in the Master's or Doctoral program ONLY.

*Please type in Korean or in English. The statement of purpose must be single spaced with no more than TWO pages, with the font Arial, size 11. (*11 points)*

Goal of study & Study Plan	<i>Goal of study, title or subject of research, and detailed study plan</i>
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FORM 3. STATEMENT OF PURPOSE

Future Plan after Study	<i>Future plan after study in Korea</i>
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RECOMMENDATION LETTER

To the applicant: Please fill in your name and the other required information below, and then inform references of this before beginning the application process.

To the reference: All letters should be written by the reference himself or herself and submitted directly to the IFES (ifes@kyungnam.ac.kr) by 18:00 KST on May 20. Please be aware that this is the deadline for both the application as a whole and for letters of reference.

Name of Applicant: (Surname) _____ (Given Name) _____

Nationality: _____

Desired Degree Program: Master's Doctoral

To be completed by the recommender:

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of **the MOU-UNKS NK Studies Scholarship** awardees. We greatly appreciate your time and effort.*

* You may use your own recommendation letter template and attach your letter to this form. However, we hope to glean the following information of the applicant from your recommendation letter:

- How long have you known the applicant and in what relationship?
- What are applicant's capabilities, strengths, and weaknesses (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)?
- Please comment on the applicant's performance record, potential, or personal qualities which you believe would be helpful in considering the applicant's application for the proposed degree/research program.

Recommender's Name _____

Position or Title: _____ University (Institution): _____

Address: _____

_____ (zip-code: _____)

Email: _____ Tel: _____

APPLICANT AGREEMENT

As an applicant for **the MOU-UNKS North Korean Studies Scholarship**, I agree to abide by the following;

※ *Please read each article, check each box and sign below.*

1. The information I have provided in this application forms are true and accurate and all documents I submitted are genuine.
2. I understand that all the documents submitted for this scholarship will not be returned regardless of the final outcome of the selection process.
3. I will abide by all the Korean laws and ordinances.
4. I will respect and uphold the values of the Korean culture and society.
5. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations).
6. I will maintain financial integrity at a personal level.
7. I accept MOU-UNKS's decision concerning graduate degree, research program and the Korean language program.
8. I will abide by the academic regulations and requirements of MOU-UNKS.
9. I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that MOU-UNKS will not provide any extra expenses or support in regards to my dependents.
10. I hereby authorize MOU-UNKS to verify the information disclosed in this application form and the documents required by this scholarship as well as to collect any other information deemed necessary by MOU-UNKS Scholarship to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not

FORM 6. APPLICANT AGREEMENT

limited to contacting recommendation referees or previous employers.

11. I hereby understand that all information provided to MOU-UNKS will be stored in secured servers where access will be limited to this scholarship team and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms.

12. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer.

I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of the scholarship.

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Date(yyyy/mm/ dd)	Applicant's Name	(Signature)

PERSONAL MEDICAL ASSESSMENT

*Attention! This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test** etc) If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.*

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	cm		WEIGHT	kg
QUESTION			YES	NO	IF YES, PLEASE EXPLAIN	
Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)?						
Do you have allergies?						
Do you have hyper tension?						
Do you have diabetes?						
Do you have any type of Hepatitis?						
Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)						
Have you ever been addicted to alcohol?						
Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?						
Have you been hospitalized in the last two (2) years?						
Have you had any serious injury, ailment or sickness in the last five (5) years?						
Do you have any visual or hearing impairment?						
Do you have any physical disabilities?						
Do you have any cognitive/mental disabilities?						
Are you taking any prescribed medication?						
Are you on a special diet?						
Are you pregnant?						

